

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011213
STATE FILE NUMBER

✓ DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1623

FILED APR 5 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo		c. CITY OR TOWN Raytown	
Length of stay in 1b 5 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph's Hosp.		d. STREET ADDRESS (If outside, give location) 8909 E Gregory	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Jack Middle C Last Moroney		4. DATE OF DEATH Month 3 Day 20 Year 62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/19/1908
9. AGE (last birthday) 53		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co.	
11. BIRTHPLACE (City and state or country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME John Moroney		13b. MOTHER'S MAIDEN NAME Mary Etta Berne	
14. NAME OF HUSBAND OR WIFE Eva E Saeger Moroney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W 2		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs Eva Moroney 8909 E Gregory		Address	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation Car Pulmonale Multiple Pulmonary emboli + infarctions Interval between ONSET AND DEATH 36 hours 3-14-62 3-14-62		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Due to Terminal thrombophlebitis - 2 mo	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

20c. TIME OF INJURY Hour 1:30 a.m. p.m. Month, Day, Year 3-20-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Raytown 33, Mo.		20f. CITY, TOWN, OR LOCATION Kansas City, Mo.	
20g. STATE Mo		20h. COUNTY Jackson	
21. I attended the deceased from Jan 25-1962 to Mar 20, 62 and last saw her/him alive on Mar 20, 1962 Death occurred at 1:30 p.m. 3-20-62 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert K. Russell, M.D.		22b. ADDRESS Raytown 33, Mo.	
22c. DATE SIGNED 3-20-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/22/62	
23c. NAME OF CEMETERY OR CREMATORY Mt Olivet		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR Sheil Colonial Funeral Home		25. DATE RECD. BY LOCAL REG. 3-21-62	
ADDRESS K C Mo		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert K. Russell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas A. Shiel

Licensed Embalmer No. 4954

P. O. Address S.C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.